



# TRANSMITTAL OF RESIDENT PERSONAL FUNDS

(RCW 70.129.040)

(Chapter 74.46 RCW, WAC 388-96-384)

**FROM: FACILITY**

FINANCIAL SERVICES ADMINISTRATION  
OFFICE OF FINANCIAL RECOVERY  
ESTATE RECOVERY  
PO BOX 9501  
OLYMPIA WA 98507-9501

NAME OF DECEDENT WHO RECEIVED LONG-TERM CARE SERVICES		CASE NUMBER	SOCIAL SECURITY NUMBER
DATE OF BIRTH	DATE OF DEATH	AMOUNT SENT TO OFR Send check or money order.	
<b>ENCLOSE FINAL ACCOUNTING OF DECEASED RESIDENT'S PERSONAL FUNDS</b>			
<b>DISPOSITION OF FUNDS</b>			
Refund amount:		Transfer amount:	
To:		Account Number:	
Reason:		Reason:	
Requestor:		Requestor:	
Completed by:		Completed by:	
Date:		Date:	